

RA790  
891B

PSYCHOLOGICAL MEDICINE IN HUNTER'S TIME.

FLETCHER BEACH.



YALE MEDICAL LIBRARY

HISTORICAL LIBRARY

*The Bequest of* CLEMENTS COLLARD FRY

EX LIBRIS

CLEMENTS C. FRY, M. D.



216

# PSYCHOLOGICAL MEDICINE

IN

JOHN HUNTER'S TIME,

AND THE

PROGRESS IT HAS SINCE MADE.

Being the Oration for 1891,

DELIVERED BEFORE THE HUNTERIAN SOCIETY,

BY

FLETCHER BEACH, M.B., F.R.C.P.,

MEDICAL SUPERINTENDENT DAREMTH ASYLUM; HONORARY SECRETARY MEDICO-  
PSYCHOLOGICAL ASSOCIATION.

*From THE MEDICAL PRESS AND CIRCULAR, Feb. 1891.*

*Printed by request.*

---

LONDON:

BAILLIÈRE, TINDALL, & COX, KING WILLIAM STREET,  
STRAND.

---

1891.



## PSYCHOLOGICAL MEDICINE IN JOHN HUNTER'S TIME.

---

MR. PRESIDENT AND GENTLEMEN:—When you did me the honour to request that I should undertake such an important duty as the delivery of the Hunterian Oration I had some difficulty at first in deciding upon what subject to address you. The life of Hunter has so frequently been dwelt upon by brilliant orators, such as Paget and others, that it is impossible to bring before you any facts which are not already perfectly well known. On reading the account of his life, one cannot but be struck with his marvellous power of work, his untiring energy, and complete devotion to science in so many departments. Lawrence truly said that “he was the greatest man in the combined character of physiologist and surgeon that the whole annals of medicine can furnish.” Physiology, surgery, and the formation of his museum did not take up the whole of his time, for on looking through the first volume of his “Essays and Observations,” arranged and revised by Sir Richard Owen, I was surprised to find that he was also a psychologist. No less than twenty-nine pages are devoted to this subject, and considering that he lived before the time of Herbert Spencer, one appreciates more and more the quality of his genius.

Professor Ladd defines psychology as "that science which has for its primary subject of investigation all the phenomena of human consciousness, or of the sentient life of man." Hunter treats of consciousness, the mind, reason, ideas from sensation, fear, deceit, appetites mental operations, sympathies, appetite and passion, inatinct, and many other subjects too numerous to mention, and the remarks he makes are well thought out and ably expressed. Hunter was eminently a practical man, and, had he lived, he would no doubt have applied his psychology to the elucidation of many points in surgery and medicine. It therefore occurred to me that the condition of psychological medicine in Hunter's time and its subsequent progress might be a profitable subject whereon to discourse to you, and although I have since found that you, Sir, in your masterly address last year treated medicine in a similar way and in a manner which I cannot hope to emulate, yet I have thought I might, be able to present to you some facts which may perhaps prove interesting. For many of these I am indebted to my friends, Drs. Hack Tuke, Blandford, and Ireland, who have indicated to me the writings wherein I might obtain information on the subject.

It appears that during the earlier years of Hunter's life the belief that the insane were possessed of the devil had not entirely passed away and ignorance and superstition guided the treatment. Ducking the lunatic was practised in some parts of Cornwall, and at St. Nun's Pool, situated at Altarnun, eight miles from Launceston, the practice was as follows:—The water from the pool was allowed to flow into an enclosed place, and on the surrounding wall the patient was made to stand with his back to the water, and then by a sudden blow thrown backwards into it. Then (to quote a graphic description which has been given of it) "a strong fellowe, provided for the nonce, took him and tossed him up and downe



alongst and thwart the water, until the patient by forgoing his strength had somewhat forgot his fury. Then he was conveyed to the church and certain masses sung over him, upon which handling, if his right wits returned St. Nunne had the thanks; but if there appeared small amendment he was bowssened againe and againe while there remayned in him any hope of life, f or recovery." (a) Bowssen, Dr. Tuke<sup>1</sup> says, means to duck and is derived from a Cornu-British word, *beuzi* or *bidhyzi*, meaning to baptise, dip, or drown.

In Scotland lunacy healing wells and superstition survived to a much later period, and as late as 1793 the insane were taken to St. Fillan's Well. Mr. Heron, the author of a "Journey through part of Scotland," observes that in his day about two hundred persons afflicted in this way were annually brought to try the benefits of its salutary influence.

There is also a famous well on Loch Maree in Ross-shire, called Inch Maree after the name of the saint who lived in the eighth century, which was celebrated for its virtues in the cure of mental disorders. Pennant, author of "Tour in Scotland and the Hebrides," visited it in 1769, and gave an account of the superstitious practices in use there. He says "the curiosity of the place is the well of the saint, of power unspeakable in cases of lunacy. The patient is brought into the sacred island, is made to kneel before the altar where his attendants leave an offering in money; he is then brought to the well and sips some of the holy water; a second offering is made; that done, he is thrice dipped in the lake, and the same operation is repeated every day for some weeks; and it often happens, by natural causes, the patient receives relief, of which the saint receives the credit." (b) I may add that I visited this well about three years ago and found the altar gone and the well dried up.

(a) "Chapters in the History of the Insane in the British Isles," By Daniel Hack Tuke, M.D., F.R.C.P., p. 11.

(b) *Ibid.* p. 17.

In Ireland there are several stories which are connected with the treatment of the insane, the most important of these being that concerning the Valley of the Lunatics. "In the valley are two wells called the 'Lunatic's Wells,' to which the lunatics resort . . . of these waters they drink and eat the cresses growing on the margin; the firm belief being that the healing water, and the cresses, and the mysterious virtue of the glen will effectually restore the madman to mental health." (a) Branks (or scold's bridles) whipping posts, the pillory, and stocks, had been in use before Hunter's time, and as late as 1722, or six years before his birth, a woman was judicially murdered as a witch in Sutherland.

Turning now to the treatment of those who were confined in asylums, or hospitals for the insane, at this time, we find that at Bethlem manacles were applied to the arms and legs of the patients who were sometimes confined in dark chambers and lay on straw. Many others were kept in gaols and served as sport to visitors at assizes, fairs and other times. There was some reason for this, for it appears that in 1744 an Act of Parliament was passed (17 Geo. II. c. 5), which authorised two justices to apprehend any furious or dangerous lunatic, have him locked up, and, if necessary, chained. Pauper lunatics are here referred to. The patients in private asylums were no better off, for, according to a writer in the *Gentleman's Magazine* in 1765, "persons were taken forcibly to these houses without any authority, instantly seized by a set of inhuman ruffians trained up to this barbarous profession, stripped naked and conveyed to a dark room. If the patient complains, the attendant brutishly orders him not to rave, calls for assistants, and ties him down to a bed, from which he is not released until he submits to their pleasure. Next morning a doctor is gravely introduced, who, taking the report of

the keeper, pronounces the unfortunate person a lunatic, and declares he must be reduced by physic. He is deprived of all communication with the outer world, and denied the use of pen and paper." Sane people were frequently confined in these asylums, for persons frequently availed themselves of the facilities then in use, in order to get rid of a troublesome relative or to obtain some selfish object. Matters at length became so bad that a Committee of the House of Commons was appointed to inquire into the state of the private mad-houses of the kingdom. No result followed until 1774 when the Act (14 Geo. III, c. 49) was passed. By this it was enacted that five fellows of the College of Physicians should be annually elected Commissioners in Lunacy for the granting licenses in London and Westminster and seven miles round, and in the county of Middlesex. If no fellows of the College would serve, the Commissioners might be chosen out of the licentiates. The Commissioners were to license houses annually in the metropolitan district, and visit them at least once a year. One guinea was to be paid to each Commissioner for every visitation of a licensed house, together with his expenses. In the provinces, houses were licensed by the justices of the peace, and two justices and a physician were chosen for each county, who were to visit and inspect asylums as often as they thought fit. This Act did not extend to public hospitals or to pauper patients. The medical treatment at this time consisted in bleeding, purging and giving emetics, probably with the idea that insanity was due to excess of bile in the blood, which was to be got rid of by phlebotomy, emetics and purgatives. John Wesley, it seems, prescribed for insanity, one of his remedies being a diet of apples exclusively for a period of a month. In all hypochondriacal cases, and in obstinate madness, Wesley recommended the following prescription:—"Pour twelve ounces of rectified spirits of wine

on four ounces of roots of black hellebore, and let it stand in a warm place twenty-four hours. Pour it off and take from twenty to thirty drops in any liquid, fasting." (a)

The views of the medical authors of that day are interesting. Dr. Fallows in his work entitled "The Best Method for the Cure of Lunatics, with some Accounts of the Incomparable Oleum Cephalicum used in the same, prepared and administered" says "the proper seat of madness is the brain, which is disturbed by black vapours, which clog the finer vessels through which the animal spirits ought freely to pass, and the whole mass of blood, being disordered, either overloads the small veins of the brain, or by too quick a motion causes a hurry and confusion of the mind, from which ensues a giddiness and at length a fury. The abundance of bile, which is rarely found to have any tolerable secretion in such patients, both beget and carries on the disorder." (b) To cure this he prescribed his oleum cephalicum which raised pustules on the head and was said to compose and allay the animal spirits.

Dr. Pargeter in his "Observations on Maniacal Disorders" after dwelling on the pathology, causation and nature of insanity says: "Here our researches must stop and we must declare that wonderful are the works of the Lord and His ways past finding out." (c) He is pleased with the management of asylums, and with respect to private madhouses under the management of regular physicians, he is of opinion that lunatics are properly treated, though in private asylums kept by non-medical persons, if the "gaolers of the mind do not find a patient mad, their oppressive tyranny soon makes him so."

(a) Ibid. p. 109, quoted from Wesleys "Primitive Physic, or an Easy and Natural Method of Curing most Diseases."

(b) Ibid. p. 93.

(c) Ibid. p. 512.

Cullen, in his "First Lines of the Practice of Physic," vol. iv, treats of *vesaniæ*, or disorder of the intellectual functions, mania, melancholia and other forms of insanity at some length. Insanity he considers as a genus comprehending many different species, and he thinks "it is very probable that the state of the intellectual functions depends chiefly upon the state and condition of what is termed the nervous power, or, as we suppose, of a subtle very movable fluid, included or inherent, in a manner we do not clearly understand, in every part of the medullary substance of the brain and nerves, and which in a living and healthy man is capable of being moved from every one part to every other of the nervous system." For mania which he believes to be due to inequality of excitement, restraint, he says, is useful, and he thinks the strait waistcoat a good way of applying it. As lunatics are susceptible to fear, he considers it necessary to inspire them with awe and dread, not only by restraint but sometimes by stripes or blows. The former he thinks is safer, but neither should be used "when the maniacal rage is either not susceptible of fear, or incapable of remembering the objects of it." A low and spare diet he deems useful, in order to diminish the fulness of the system. Bloodletting, "purging particularly by the soluble tartar," vomiting, frequent shaving of the head, blistering, cold bathing, especially by throwing the madman into cold water by surprise, are all of use, and for medicines he prescribes opium and camphor. He is of opinion that "in the mania of sanguine persons, bloodletting and other antiphlogistic remedies are more proper, and have been more useful, than in the melancholic." Melancholia, he says, must be distinguished by its always being attended with some seemingly groundless, but very anxious, fear. In it, "there is a degree of torpor in the motion of the nervous power, both with respect to sensation and voli-

tion ; there is a general rigidity of the simple solids, and the balance of the sanguineous system is on the side of the veins." He thinks it probable that the melancholic temperament depends upon a drier and firmer texture in the medullary substance of the brain, and he treats the disease by purgatives, warm bathing, sometimes opium and low diet, avoiding the use of vegetables. As regards exercise, he believes that it may be useful in many cases of mania, hypochondriasis and melancholia, not as a tonic, but as regards its effect upon the mind.

Dr. Arnold's work "Observations on the Nature, Kinds, Causes, and Prevention of Insanity," is of a classical nature. He attempts to define the varieties of Insanity, with the idea, as he says in his preface, of a greater precision in the knowledge of the disorder and a greater efficacy in the methods of cure ; and he follows the example of Sydenham, who recommended that every disease should be reduced to certain and determinate species. Insanity, according to him consists of two kinds, melancholy and mania ; in both there is a permanent delirium, but in the former, there is no fury nor fever and the mind is dejected, timorous and usually employed about one object ; in the latter there is fury and audacity, but without fever. Many quotations from the works of Hippocrates are given, and the author decides to divide Insanity into two kinds, viz., Ideal and Notional, the former consisting of four species, the latter of thirteen, and one of these, Pathetic Insanity, is again subdivided into sixteen varieties. The appearances of the body post-mortem, according to Bonetus, Morgagni and Haller are fully described, and the various bodily, mental and proximate causes are discussed and examined. Very little attention is given to the cure of Insanity, but his views on its prevention are as true now as they were in his day. Temperance in all things, exercise, the due regulation of the passions, attention to the operations of

the imagination, an assiduous diligence in the improvement of the reasoning faculties of the mind, the careful avoidance of too long continued, too intense, and too uniform thinking, and rational views of God and religion are the chief means prescribed.

Lastly, we have the book entitled "Practical Observations on Insanity" by Dr. J. Mason Cox, of Fishponds, near Bristol. It is a practical work, in which the author does not concern himself with abstruse speculations, but simply describes, as a result of his own experience, the method of treating diseases of the intellect. Insanity is divided by him, as was the case with the authors previously quoted, into Mania and Melancholia. The history of a maniacal attack is given and the predisposing, exciting and proximate causes are fully entered into. Twenty-one cases are related and the diagnosis prognosis, and especially the treatment are discussed and described. He appears to be the first to lay much stress on *moral* as accessory to *medical* treatment. Management he looks upon as of the highest importance, and he observes that it partly consists in address, but principally is displayed by making proper impressions on the senses. Sympathetic tenderness, as well as steadiness and presence of mind, must never be forgotten, for often more is done by firmness and tenderness than by violence and harshness. He here approaches the ideas of treatment of the present day, as also in his statement that corporal punishments, such as stripes, are in no case necessary or admissible, though he believes that the strait waistcoat and other means of coercion are often necessary. He distinguishes between the sthenic and asthenic forms of insanity, and sees very clearly, that though it is usual to pursue the antiphlogistic plan in the former cases, it is highly improper in the latter, in which a generous diet, bark, port wine, &c., are indicated. Altogether he is much in advance of the treatment of his

time. He agrees that bleeding, blistering, and the production of vomiting and purging are necessary, and he prescribes opium, camphor and digitalis in certain cases. A very novel treatment on his part was swinging the patient, which he describes as both moral and medical. It was employed in the oscillatory or circulating form. He regards it as a medical anodyne, as a means of exciting vomiting, and as a species of punishment, which the physician can employ to secure compliance with his wishes.

We come now to the year 1792, a year before Hunter's death, when an important event occurred which proved to be the beginning of the reform that ultimately took place in the condition of all British asylums. It was the dawn of better days in the treatment of the insane. It seems that there was in York at this time an asylum, which was a frightful abode for lunatics, and the friends of a patient confined there, who desired to see her, were refused admission. Suspicion was aroused, and though no exposure was at this time made, William Tuke, a citizen of York, proposed the erection of an institution where there should be no concealment, and where the patients should be kindly and humanely treated. His proposition was adopted, funds were provided, and in 1796 the York Retreat was opened and the experiment started. The central idea of the treatment there pursued was an active humanity. William Tuke "had a strong faith in the dictate of an enlightened conscience and in the perfect wisdom and love which direct every law of human duty." (a) Patients were regarded as human beings and were treated with kindness and compassion, and as a result restraint was found to be comparatively seldom required. Blood-letting, emetics and purging were no longer used, a nourishing diet was prescribed, but medical treatment was not discarded. The Institution

a) "Review of the Early History of the Retreat." By S. Tuke. 1846.



was made as much as possible a home with cheerful surroundings and the patients were encouraged to work in the open air. Mild forms of restraint were now and then employed when kindness or medical remedies had no influence, there being no rule that this practice should not be resorted to, the directors of the Retreat preferring to leave to their officers' discretion the management of each individual case. It is interesting to note that the compassionate treatment of the insane also commenced in France about this time, for Pinel in the year 1793 had freed the lunatics at the Bicêtre from their fetters, although he did not know until 1798 that the same humane treatment was pursued in England. It is generally understood that he did not liberate them for medical reasons, but chiefly from the compassion which he felt for their pitiable condition. As a result, his knowledge of insanity was greatly increased, and the classification from symptoms adopted in his book is still regarded as one of high merit.

Having given you an account of the condition of psychological medicine during the life of Hunter, I now proceed to point out the progress which has since been made. The system of treatment practised in the Retreat was not followed for some time. Its success excited the jealousy of the superintendent of the York Asylum; discussion followed, and eventually an investigation was set on foot which necessitated legislation. Various Acts of Parliament have from time to time been passed, and the result has been the humane treatment of lunatics as seen at the present time.

I mentioned just now that in 1774 an Act was passed for regulating madhouses, and we learn something of its working from the evidence taken before the Select Committee appointed in 1815 to consider "of Provisions being made for the better Regulation of Madhouses in England." Evidence was taken from various witnesses

relative to the condition of patients in the York and Bethnal Green Asylums and in Bethlem Hospital—the second one—near Moorfields. Mr. Wakefield, reporting his visit to Bethlem, said : “ Attended by the steward of the hospital, and likewise by a female keeper, we proceeded to visit the women’s galleries. One of the side rooms contained about ten patients, each chained by one arm or leg to the wall, the chain allowing them only to stand up by the bench or form fixed to the wall, or to sit down to it. The nakedness of each patient was covered by a blanket-gown, only the blanket-gown was a blanket formed something like a dressing-gown with nothing to fasten it in front ; this constitutes the whole covering, the feet were even naked.” This, however, did not seem to strike the public mind so much as the case of William Norris who was secured according to Esquirol in the following way : “ A short iron ring was riveted round his neck, from which a short chain passed to a ring made to pass upwards and downwards on an upright massive bar more than six feet high inserted into the wall. Round his body a strong iron bar about two inches wide was riveted ; on each side of the bar was a circular projection, which, being fastened to and enclosing each of his arms, pressed them close to his side.” At the York Asylum the treatment was just as bad. Cells were discovered, four in number eight feet and a half square, perfectly dark when the door was shut, and the stench almost intolerable ; in these cells thirteen women slept. Many cases of gross neglect were discovered ; the body of a patient who had been killed was hurried away to prevent an inquest ; in addition, two sets of account books were kept, and a portion of the asylum was burned down, involving the deaths of patients and the destruction of what the authorities wished to conceal. At the Bethnal Green Asylum “several of the pauper women were chained to their

bedsteads, naked, and only covered with a hempen rug ; the accommodation for paupers was infamously bad and required immediate reform." (a) The liberty of the subject was evidently a secondary consideration ; the primary one was the regulation of madhouses. A private patient could be sent to a licensed house on one medical certificate, and a pauper without any at all. There was hardly any visitation or inspection by the Commissioners, and they had no power to release the patients. The effect of this parliamentary inquiry, though exceedingly great, did not then bring about a new statute, and no less than thirteen years elapsed before a radical alteration of the law took place. In 1828, the ninth year of George IV, an Act was at length passed to remedy the defects of that of 1774. By it fifteen persons were appointed Commissioners in Lunacy for the metropolitan district for one year, five were to be physicians, and they were to be paid £1 per hour. They were to meet quarterly for the purpose of granting licenses, those in the provinces being granted by justices at the Quarter Sessions, where three or more justices were to be elected to visit the provincial licensed houses, together with one or more medical men.

A year later further impulse was given to the humane treatment of patients initiated by Mr. Tuke in 1792, for it seems that, according to Conolly in his "Treatment of the Insane," in the year 1829 a patient in Lincoln Asylum had died "in consequence of being strapped to a bed in a strait waistcoat during the night; and this accident led to the establishment of an important rule, that whenever restraints were used in the night an attendant should continue in the room, a rule which had the desired effect of much diminishing the supposed frequency of such restraints being necessary."

In the year 1834 it was found that this principle

(a) Minutes Select Committee of the House of Commons, 1815.

which acted so well at night was also applicable by day, and the result was that the necessity for restraint became less frequent. In 1835 Mr. Gardiner Hill was appointed house-surgeon of the Lincoln Asylum, and from this date a new era—that of non-restraint—was inaugurated in the treatment of the insane. By many the name of Dr. Charlesworth, visiting physician to the Asylum, has been associated with that of Mr. Gardiner Hill as an equal labourer in carrying out this treatment, but it appears that though Dr. Charlesworth warmly seconded Mr. Gardiner Hill in his attempt at doing away with the restraint system, the true inventor was Mr. Hill. In the report of 1838, which is signed by the Chairman of the Visiting Committee, E. P. Charlesworth, the merit of the idea is ascribed to the house surgeon. "There is now," says the report, "an increased confidence that the anticipations of the last year may be fulfilled, and that an example may be offered of a public asylum in which undivided personal attention towards the patients shall be altogether substituted for the use of instruments of restraint. *The bold conception* of pushing the mitigation of restraint to the extent of actually and formally abolishing the practice mentioned in the last report as due to Mr. Hill, the house surgeon, seems to be justified by the following abstract of a statistical table showing the rapid advance of the abatement of restraint in this asylum under an improved construction of the building, night watching, and attentive supervision." (a) The table shows that the number of hours passed by patients under restraint diminished from 20,423 in 1829 to 0 in 1838. Although the experiment was a success, yet the remote position of the institution, and the want of authority in its author would have prevented its acceptance by others for years if Dr.

(a) "Lunacy; its Past and Present," by Robert Gardiner Hill, page 39.

Conolly, on going to Hanwell in 1839, had not set to work to carry it out in the then largest asylum in the kingdom.

In a letter written to his friend, Mr. Hunt, of Stratford, he says: "I know you will feel glad that we have now ruled this great house (there were 800 patients) for four months without a single instance of restraint by any of the old and objectionable methods. The use of strait-waistcoats is abolished, hand-straps and leg locks never resorted to, and the restraint-chairs have been cut up to make a floor for the carpenter's shop. All this, of course, occasioned some trouble and some anxiety, but the success of the plan and its visible good effect abundantly repay me." (a) About this time Mr. Gaskell introduced it at the Lancaster County Asylum with 600 patients, and, as a result, no less than nineteen tons weight of iron bars, gates, and paraphernalia connected with restraint were completely removed from the building. These movements were not effected without much opposition, and Mr. Gardiner Hill, on introducing the system, not only had the whole of the staff against him, but the superintendents of the other asylums assailed him, denouncing his system as Utopian empirical, and highly dangerous to the patient and those around him.

In 1842 another Act of Parliament was passed (5 and 6 Vict., c. 87) by which the number of physicians on the Commission was increased to six, and that of barristers to four. A patient might be set at liberty after two visits, and the provincial licensed houses were to be visited twice a year by the Metropolitan Commissioners in addition to the visits of the Justices. The Commissioners were to report whether non-restraint was in practice in any of the asylums, the number of

(a) Quoted from "The Borderlands of Insanity." By Andrew Wynter, M.D., p. 10'.

attendants, the amusements and occupations of the patients, and generally the condition of the asylums. They made a thorough investigation and presented a valuable report to Parliament in 1844. It comprised the result of their inquiries and visits at the seventeen county asylums, the two naval and military hospitals, the eleven public hospitals, the one hundred and thirty-six licensed houses, and a number of workhouses then in operation. The number of lunatics at that time known to exist were 20,893, of whom 16,821 were pauper, and 4,072 private patients: a few of these were not in asylums, but were single patients under commission. Some of the asylums visited were in a disgraceful state, the abuses found being survivals of the past, but those at Wakefield, Hanwell, Lincoln, Lancaster, and Gloucester were well managed. In the badly-managed ones, refractory patients were confined in strong chairs, or restrained by leg-locks, iron handcuffs, or fetters from the wrists to the ankles. In some asylums there were no windows to the sleeping rooms, and no place for light or air, except a grate over the doors. There was considerable difference of opinion among the superintendents of the asylums in reference to the subject of restraint, for, while some made no use of it except for surgical reasons, others considered it beneficial, less irritating than holding with the hands, and valuable as a precaution and remedial agent. In July, 1844, Lord Ashley, afterwards Lord Shaftesbury, moved for an address to the Crown, praying her Majesty to take into consideration the report of the Metropolitan Commissioners, and eventually he brought forward two bills. By the first, he proposed to establish a permanent Commission of Lunacy, consisting of six paid Commissioners, who were to be debarred from taking any other office or duty, and who were to visit asylums more frequently. Lunatic hospitals were required to have the same orders and certifi-

cates as licensed asylums and the same visitation as county asylums; a return was to be made of all single patients received for profit; and workhouses containing lunatics were to be regularly visited. By the second, the erection of borough and county asylums, instead of being permissive, was made compulsory; all lunatics found wandering were taken to asylums, and a quarterly inspection by a medical man of all lunatics not in asylums was made compulsory, and a list sent to the Commissioners in Lunacy. These Bills passed both Houses of Parliament, and received the Royal assent in August, 1845. As a result of this legislation, the Commissioners in their second report, dated 1847, say: "That they have found that, with some exceptions, the patients have apparently been humanely and sometimes very judiciously treated. There is no reason to apprehend that the lunatic patient is now often subjected to cruelty or ill-treatment. The massive bars and rings, and chains of iron formerly resorted to are no longer seen. Any continued coercion is not permitted. The name of every patient under restraint and in seclusion, and the means by which such seclusion is effected, are recorded every week in a journal. Thus the safeguards against lunatic patients being subjected to harsh or unnecessary restraint from the cruelty, idleness, or caprice of their attendants, have been multiplied, and the chances of abuse reduced to a small amount."

In 1853 the Act of 1845 was amended, and that of 16 and 17 Vict., c. 96, came into force. By this, persons who had been patients might be received in an asylum as boarders. Transfers of patients were instituted, various regulations were made with regard to single patients, and Bethlem Hospital was no longer exempted from visitation by the Commissioners.

In 1859, after great excitement and agitation concerning private asylums and the lunacy laws, a Select



Committee of the House of Commons was appointed to inquire into the operation of the Acts of Parliament and the regulations for the care and treatment of lunatics, and their property. The evidence brought forward convinced the Committee that, with regard to public asylums, little alteration was required in the law, but that the chief evil lay in the detention of a large number of pauper lunatics in workhouses. They suggested various precautions as safeguards against the improper detention of lunatics in private asylums, and made other suggestions with reference to Chancery lunatics, criminal lunatics, and the composition and powers of the Lunacy Board.

In 1862, an Act was passed to amend the law relating to lunatics, but the alterations made were comparatively trifling. Some changes were made with reference to the certificates and orders of admission, and the Commissioners' visits were increased in number. Pauper lunatics were made chargeable upon the common fund of the union, the improper admission of patients into asylums was prevented, and the abuse of private asylums was guarded against.

The next important movement was the Act of 1867, commonly called Gathorne Hardy's Act, which provided asylums for the sick and for the chronic insane poor of London. Three have since been erected, one at Leavesden, one at Caterham and one at Darenth; they are known as the Metropolitan District Asylums. The primary object in erecting them was economy, and as far as one can judge the experiment has proved successful.

In 1877 a feeling of uneasiness arose in the public mind, in consequence of an impression that patients were too easily admitted into asylums, and when there, could only with difficulty get out. A Select Committee was appointed, known as Mr. Dillwyn's Committee, to inquire into the subject. Many false charges were



made, which, on being strictly investigated, fell to the ground. Various proposals were suggested, which were embodied in a Bill introduced into Parliament by Mr. Dillwyn in 1881. The Bill never reached the stage of the third reading, but after being introduced in successive Parliaments finally received the Royal assent in 1889. A consolidation of this and previous Acts was passed last year. The chief objects of this Act of 1889 are “(1) to furnish safe guards against the improper confinement of persons as lunatics, who shall only be detained under the order of an independent authority, to secure speedy treatment, and to protect medical practitioners and others in the performance of their duties; (2) to amend the law as to single patients; (3) to give increased power for administering the property of lunatics; (4) to check the establishment of new licensed houses; (5) to enable public asylums to receive private patients.” (a) Under the provisions of this bill, no private patients, with the exception of those found lunatic by inquisition can be confined, except upon an order of a justice of the peace, who, upon application being made to him, accompanied by a statement of particulars and two medical certificates, will, if he sees fit, issue an order, authorising the superintendent or proprietor of an asylum, hospital, or licensed house to receive the patient. Pauper patients can be received upon the order of a justice, accompanied by the particulars of the case and one medical certificate. In cases of urgency where it is expedient for the welfare of a person, not a pauper, alleged to be a lunatic, or for the public safety, to place him forthwith under care and treatment he may be received and detained in an institution for lunatics, or as a single patient in a private house, upon an urgency order made, if possible, by the husband, wife or relative of the alleged lunatic, accompanied by one

medical certificate. This order remains in force for seven days, or if a petition for a reception order is pending, until the petition is finally disposed of. Private patients may be discharged on the application of the person by whose means the lunatic was received into the asylum, by the Commissioners in Lunacy, and by the Committee of Visitors of the Asylum ; and a pauper, on the applications of the guardians who maintain him in the asylum, or relative or friend of the patient who placed him there.

Time does not admit of my tracing the progress which has been made with regard to our criminal and Chancery lunatics, or to the changes in the treatment of patients in Scotland and Ireland ; suffice it to say that in these parts of the United Kingdom, the condition of lunatics has immensely improved.

With regard to the classification of mental disease, various systems and principles have been laid down. All of them, as Dr. Blandford says, "are based on one or other of three principles. Either they are framed according to the mental peculiarities of the patient, his exaltation, his depression, his imbecility ; or they point to a disorder of one or other of the portions into which the human mind is by some authors divided ; or, the mental symptoms being put entirely aside, the malady is classified according to its pathological cause, and its relations to the bodily organism." (a) I will not weary you by recounting them, but will simply remark that the division into mania and melancholia adopted by the old writers is the foundation of the whole system, and that later advances have, as time has gone on, been due to a more scientific study of mental disease. For my part, I think the classification promulgated by Dr. Clouston is one of the simplest. Excluding the varieties of each form of insanity, the classification is as follows :—

(a) "Insanity and its Treatment," Blandford, 2nd ed. p. 127.

1. States of mental depression. 2. States of mental exaltation. 3. States of regularly alternating mental conditions. 4. States of fixed and limited delusion. 5. States of mental enfeeblement. 6. States of mental stupor. 7. States of defective inhibition. 8. The insane diathesis.

Great progress has been made in our views of the nature of insanity. The old writers were of opinion that it was due to excess of bile in the blood and hence the blood-letting, purgative and emetic treatment. It would take too much time to study the various doctrines that have been held, but there is no doubt that the views of Laycock, Carpenter, Munro, Anstie, Thompson Dickson and others have all contributed to make more clear to us that insanity is due to depression of the higher centres and excessive action of others. Dr. Hughlings-Jackson, adopting the hypothesis of evolution as laid down by Herbert Spencer, thinks that cases of insanity may be considered as examples of dissolution, which is of course the exact reverse of evolution. According to this view, insanity is dissolution beginning at the highest nervous centres. In two articles on the "Comparative Study of Drunkenness" published in the *British Medical Journal* of the 16th and 23rd of May, 1874, he pointed out, that not only by alcohol and epilepsy, but also by insanity the patient is *reduced* to a more automatic condition of mind, just as in a case of aphasia he is reduced to a more automatic condition of language, and to a more automatic condition of movement in hemiplegia. We find over-action of lower centres from the removal of the influence of the higher ones and he enumerates four factors, according to which the mental automatism may vary. "1. It will vary according to the *depth* of the reduction. The "shallower" this is, the higher and more special is the automatic mental action permitted. 2. The *rapidity* with which the reduction is effected will influence the

extent. 3. The insanity of the person whose brain is reduced will vary according to the normal peculiarities of the individual, no two persons being alike. 4. It will vary according to the influence of external circumstances and internal bodily states." (a) This doctrine may be regarded as the one usually held by the more advanced scientists of the present day. No doubt the researches initiated by Fritsch, Hitzig and Ferrier, and carried on by Horsley, Schäfer and others in this country, and by Goltz and Munk on the Continent will in time shed more light on this difficult subject.

The pathology of insanity has of late years made great strides, and I think we have reason to hope that, as time advances, we may be able to connect the mental symptoms seen during life with the post-mortem appearances, found after death. Since Parchappe published his "*Recherches*" nearly fifty years ago, many contributions too numerous to mention, have been made to the subject. Drs. Bucknill and Boyd were among the first in this country to work at it, and they have left on record many observations on the weight of the brain, and the changes which take place in that organ, its membranes and the spinal cord in general paralysis. Drs. J. Batty Tuke, Crichton Browne, Savage, Mickle, Herbert Major, and lastly Bavan Lewis in this country and Professors Westphal, Hitzig, Voisin and others abroad have all advanced our knowledge of the pathology of the brain in mental disease. The latest book on the subject, that of Bevan Lewis, is the result of many years of patient, diligent work, and contains more than 100 pages on the morbid conditions of the cranial bones, brain, spinal cord and their membranes, which are found in connection with mental disease. The chief feature of the book is the development and application of the studies of the author into the lymphatic system of the nervous centres.

(a) Footnote on p. 46 of Blandford's "*Insanity and its Treatment.*"

According to him the lymphatic system of the brain consists of (1) "a distensible lymphatic sheath, loosely applied around the arterioles and venules . . . the adventitial lymph sheath . . . included within the perivascular channel of His; (2) of a continuation of the cellular elements of this sheath, loosely applied to the arterio-capillary plexuses, still contained within a perivascular channel which now exhibit . . . perivascular sacs, within which the nerve cell lies surrounded by plasma; (3) of a system of plasmatic cells with numerous prolongations, which are always in intimate connection with the adventitial lymph sheath, and which drain the areas between the vascular branches—these we have termed the lymph connective elements." This lymph-connective system plays an important rôle in the pathology of the brain, for we find that the Deiters' cells, or spider cells are morbidly developed and undergo a hypertrophic condition in morbid states of the brain and membranes which lead to obstruction of the perivascular lymph channels. Concurrently with this morbid transformation the nerve cells become degenerated and eventually a dense fibrillation occurs. Bevan Lewis thinks that the spider cell is a scavenger cell, which acts as a "phagocyte" and devours nerve elements. He believes that *even now* it is possible in a large proportion of cases to establish a relation between the physical appearances seen after death and the lesions of intellectual function observed during life. Excluding the more recent instances of acute insanity, he tells me he can do this in epilepsy, alcoholism, general paralysis, idiccy (in this I agree with him) chronic melancholia, senile dementia, and a large group of consecutive dementias, including "organic" dementia. That so much can already be accomplished is a result of which we may justly be proud.

Coming now to the treatment pursued at the present

and day, we find the wards ~~and~~ in asylums well furnished made cheerful looking with birds, aquariums, plants, flowers, and pictures on the walls; and communicating with them are well-planted and well-kept airing courts. In some parts of the country the tendency has been to do away with the huge buildings characteristic of the older asylums and to build cottages, or, in higher class asylums, villas upon the estate. The conditions of life more nearly resemble those of home, and it is found that patients can be just as conveniently classified and treated. In Scotland the most important change has been to allow greater liberty to the patients; in some asylums the airing courts have been abolished, locked doors have to a great extent been disused, and many quiet harmless cases are boarded out under medical supervision. The tendency now is to think less of the security of the patient, and to grant as much freedom, compatible with safety, as possible. Many suitable cases are treated in the houses of medical men, or in lodgings under medical care. Industrial occupation, especially in the open air, is of great use. Work on the farm for the men and in the laundry and kitchen for the women tends to improve their bodily and mental health and so is an aid to recovery. No doubt mechanical restraint in some cases can never be abolished; indeed, this is recognised by the Lunacy Act of 1890, and the Commissioners in a recent circular acknowledge "that cases will occur in which it is necessary for the safety of the patient, or of others, or is beneficial to the patient, that restraint should be applied." They hold, however, "that the application of it should be restricted within the narrowest limits possible, that the restraint should be applied by means the most humane that can be contrived, should not be long continued without intermission, and should be dispensed with

immediately it has effected the purpose for which it is employed."

Combined with the moral treatment, which comprises the personal influence of the physician upon the patient, and the order, discipline, work and amusements found in all well-managed asylums, is the medical, which includes the hygienic treatment. Diet and regimen are of the highest importance. Fatty foods, easily digested animal and farinaceous, food and nourishing ale and porter, are very useful, and though the patient may be too weak for outdoor work, yet exercise, or even sitting out in the fresh air, is now insisted upon. Laxatives, enemata, and even strong purgatives are sometimes required, but mild medicines should be tried first. The presence of gout, rheumatism, syphilis, phthisis, or epilepsy in the patient of course requires appropriate remedies. Tonics, diuretics, the use of the Turkish bath and the wet pack, and the bromides, chloral, sulphonal and paraldehyde are often beneficial, but opium, as a rule, is not often required. For the carrying out of this treatment, good attendants, who possess some knowledge of mental disease and are acquainted with a few simple rules in nursing, are essential. Many such are found in all our asylums at the present day, but the Council of the Medico-Psychological Association have elaborated a scheme, by which attendants, on going through a prescribed course of lectures and instruction in the wards and on successfully passing an examination, may obtain a certificate, which will not only be of use to them when passing from one asylum to another, but will be a guarantee to the general public that the possessors of these certificates have obtained proficiency in nursing and attendance on insane persons. The Council of the same Association is also now engaged in formulating resolutions, directing attention to what is known as the hospital treatment of insanity in the asylums throughout



the country. Much has been done by the appointment of clinical assistants and pathologists, in some institutions but there is no doubt a much larger medical staff is urgently required. Nor should I omit to mention in connection with the subject of treatment, that a society for the after-care of the insane has for some years been at work. It is generally recognised that it is unwise to turn out into the world patients only just recovering from grave diseases, and hence convalescent institutions have in many cases been built in connection with our general hospitals, where men and women may breathe fresh air, enjoy beautiful scenery, and gradually be fitted to return to the duties of their daily life. In the same way the after-care Association of the Insane assists patients recently discharged from asylums, by boarding them out in cottages under the superintendence of local friends, and subsequently finding employment for a large number of suitable cases.

In summing up the difference between the old and new treatment of the insane, I cannot do better than quote the words of Dr. Hack Tuke, who says "the old system believed in harshness and darkness, the creed of the new is sweetness and light."

Passing now to that department of psychological medicine with which I have for many years been closely connected, viz., the treatment of idiots and imbeciles, I would remark that the idiot was a being not unknown to Hunter. In his *Essays and Observations* before referred to, under the heading "periods of life, according to appetites and mental operations" he says "the state of the idiot is one where impression produces sensation, not upon the mind, but upon the body; where the mind never makes an application of the present sensation to another; and where, when the present sensation is gone, it never recurs." Although this is not quite correct, with respect to all classes of idiots and imbeciles, yet, as little



was known about their treatment at the time when Hunter wrote, it is sufficiently good as a general statement.

There is the greatest possible difference between an idiot and a lunatic; this was clearly understood by the old legal authorities, for on referring to Shelford's Law of Lunatics, I find an idiot defined as "a person who has been without understanding from his nativity, and whom the law therefore presumes never likely to attain any;" while a lunatic is "one who has had understanding, but by disesse, grief, or other accident, hath lost the use of his reason. A lunatic is properly one who has lucid intervals, sometimes enjoying his senses, and some times not." Idiocy may come on some years after birth so that the legal definition of an idiot as one who has been without understanding *from his nativity* is not strictly correct. Esquirol's definition is good; he says "the man that is mad is deprived of possessions which he formerly enjoyed, it is a rich man become poor; whereas the idiot has always been in misfortune and misery." Medically speaking, idiocy arises from defective development or disease of the brain, occurring before birth or in early childhood, and as a consequence, the subject of these conditions is mentally deficient. Imbecility is usually understood to be a less degree of mental incapacity than appears in idiocy, though the two conditions often shade off almost imperceptibly one into the other.

The first idiot who attracted the attention of scientific men was the Savage of Aveyron. He was a child about eleven or twelve years of age, who had lived for some time in the woods of Caune in France, where he subsisted on acorns and roots. Towards the close of the year 1798 he was caught by three sportsmen, who "conducted him to a neighbouring village and put him under the care of an aged matron, from whom, however,

before the end of a week, he contrived to escape and fled to the mountains, where he wandered about during the severity of a most rigorous winter, clad only in a tattered shirt. At night he retired into solitary places, approaching, as the day advanced, the neighbouring villages; and in this manner he passed a vagrant kind of life till the time in which, of his own accord, he sought refuge in a dwelling house in the Canton of St. Sernin." (a) He was eventually taken to Paris, where he arrived in the year 1799 under the care of a poor, but respectable, old man, who soon after had to leave him. Brilliant expectations were formed by the people of Paris before his arrival. Some, thinking that his education would only be a business of a few months, looked forward to the time when he would be able to relate his observations concerning the manner of life he formerly led. Instead of this they saw a disgusting boy who bit and scratched those who contradicted him, and who cared for nobody or anything. Curiosity was first excited, but was soon followed by general indifference. Pinel, physician-in-chief to the insane at the Bicêtre, declared him to be idiotic, while Itard, physician of the Deaf Mute Institution, asserted that he was simply wild and untaught, and undertook his education. He stated that his objects were (1) "to attach him to social life by rendering it more pleasant to him than that which he was then leading, and, above all, more analogous to the mode of existence he was about to quit; (2) to awaken the nervous sensibility by the most energetic stimulants, and sometimes by lively affections of the mind; (3) to extend the sphere of his new ideas by giving him new wants, and by increasing the number of his relations to the objects surrounding him; (4) to lead him to the use of speech by subjecting him to the necessity of imitation;

(a) "An Historical Account of the Discovery and Education of a Savage Man." By E. M. Itard, 1802, pp. 13 and 14.

(5) to exercise frequently the most simple operations of the mind upon the objects of his physical wants, and at length by inducing the application of them to objects of instruction." (a) At the end of five years, although he had immensely improved the boy, Itard was convinced that Pinel was right, and gave up his task in disgust, remarking "Unfortunate, since my pains are lost, and my efforts fruitless, take yourself back to your forests and your primitive tastes. If your new wants make you dependent upon society, suffer the penalty of being useless, and go to the Bicêtre there to die in wretchedness." His labours, however, were not as barren as he anticipated, for the principles of training and treatment which he adopted still remain, but, of course, have been further perfected by others, and by none more than by the late M. Séguin, whose treatise on idiocy and its treatment by the physiological method is still a standard work on the subject.

In 1828, M. Ferrus organised an idiot school at the Bicêtre, and in 1831 M. Falret established a school for female idiots in the Salpêtrière. Nine years later, Messrs. Voisin and Leuret, physicians to the Bicêtre, organised the idiot schools in that great asylum. Here Séguin taught, and by various books and pamphlets has instructed the world in the manner of his teaching. His mantle has fallen on a worthy successor in the person of Dr. Bourneville, who has much improved the school, and is now doing excellent clinical and pathological work there. Meanwhile, Guggenbühl, a medical man in practice in Switzerland, much moved by the sight of the miserable cretinous idiots so commonly found in the valleys of that country, in 1842 opened a school for them on the Abendburg, near Interlaken, his teaching being assisted by the pure mountain air which the children

breathed. In the same year M. Saegert opened an institution for idiots at Berlin.

In 1846, Dr. Kern established a school at Leipzig, and in the same year Dr. H. B. Wilbur opened at Barre, Massachusetts, a private institution, which he afterwards left to conduct the school at Albany, in the State of New York. Dr. Howe, at the same time, opened a school at Boston, Massachusetts, and now the United States has numerous institutions in which close upon two thousand imbecile children are undergoing training. Dr. Howe was the man who imparted instruction to the celebrated Laura Bridgman, who was totally blind and deaf, and who had only a very indistinct sense of smell. The subject of idiot training had been advocated in England in 1819 by Dr. Poole, of Aberdeen, who wrote an article on it in the "Encyclopædia Edinensia."

In 1847, Mr. Gaskell, who had just returned from visiting Séguin's Idiot School at the Bicêtre, wrote some articles in "Chambers' Journal," giving an account of what he had seen. These articles attracted the attention of Dr. Andrew Reed, and as a result an idiot asylum was founded at Park House, Highgate, in 1848. Two years previously the first institution for idiots was established by Miss White, of Bath, in an ordinary residence in Walcot Parade, in that city. The asylum at Highgate has developed into the well-known Earlswood Asylum for Idiots, of which Dr. Langdon Down was formerly superintendent, but who is now the proprietor of a large private institution at Normansfield, Hampton Wick.

In 1850, Essex Hall at Colcheater was opened as a branch of the institution at Highgate, and is now the Idiot Asylum for the Eastern Counties. The Idiot Asylum for the Western Counties was established in 1864 and the Midland Counties Asylum in 1866. I have not time to refer to the good work done in Scotland, Ireland and many parts of the Continent, and I pass on to 1870

when the Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties was opened at Lancaster, under the superintendence of my friend, Dr. Shuttleworth. In 1875 the first pauper asylum for Idiots was opened at Clapton, London, under my own superintendence, the patients from which were removed in 1878 to the new and large institution at Darenth, in Kent, which is under my direction. Numerous as these asylums may appear to be, they are simply insignificant when compared with the number of idiots and imbeciles living in the United Kingdom. Excluding Scotland and Ireland there are at the present moment more than 30,000, of whom a large number are improvable cases, and only a small percentage of these are taught and trained. More voluntary asylums should be built, and pauper asylums should be constructed all over the country, so that every county or borough should have its idiot, as well as its lunatic asylum.

The pathology of idiocy is still in its infancy, but progress is being steadily made. Mierzejewski has written an important paper on the subject, which is also being worked at by Dr. Wilmarth, pathologist at the Philadelphia Training School for Imbecile Children. He has collected about 100 brains and has noted the peculiarities met with in each. One important conclusion has been reached, viz., that the convolutions of the brains of idiots and imbeciles often closely resemble those found in the brains of criminals. There is a tendency of the principal fissures to run into each other, forming what Benedikt calls a "confluent fissure type," which seems to be due to the cutting up of a comparatively simple series of convolutions by the formation of secondary fissures, or the prolongation of those usually existing beyond the normal limits, so that the surface of the brain is distinctly altered. Those who are interested in the pathology of idiocy may be referred to an article of my own which will appear in

the forthcoming " Dictionary of Psychological Medicine," edited by Dr. Hack Tuke.

Much improvement is gained by treatment ; we have, firstly, to strengthen the body and alleviate its defects, and secondly, to undertake the special training of the mind. Having placed the patient in as good hygienic conditions as possible, the physical training is commenced. The muscles, which are often wasted, have to be called into activity and the want of co-ordination, due to the entire absence of the ordinary precision of muscular movement, has to be corrected by properly applied exercises. Contractures and paralysis are sometimes met with, and in such cases the general and special nutrition of the affected limbs must be increased by the application of electricity, massage and other measures. The automatic movements, due to want of the controlling power of the will, have to be replaced by others upon certain definite plans. Then, the muscular system being strengthened, the hands have less difficulty in performing any simple act, locomotion is improved, the dribbling from the mouth met with in low class cases is less evident, the eyes wander less restlessly, and listlessness and inertness to a great extent disappear. The moral training has to go on side by side with the physical and mental treatment. Obedience must be taught and efforts made to impart good temper and affection. There may be some difficulty in obtaining confidence and obedience at first, but the regularity of the institution, the example of others, and the general routine soon lead to marked improvement. Outbursts of temper often take place in epileptic cases, but strict attention to diet, suitable treatment, and enforced quiet by separation from others will usually suffice to calm the patient. The intellectual training in the lowest class of idiots commences by the cultivation of the senses, and as the tactile function is the most important, we begin by educating the

sense of touch. The senses of sight, hearing, taste, and smell are awakened by a series of experiments, in every case proceeding from the simple to the complex, instilling ideas by the use of concrete forms and not by abstract notions. Having educated the senses, we proceed to higher branches of learning, and teach reading, writing, arithmetic, drawing, the idea of weight, the value of money, and a little elementary geography. When some progress has been made, instruction is given in tailoring, shoemaking, carpentering, mat making, gardeniog, &c., to the male patients, while domestic work and sewing prove useful for the females. Care should be taken to alternate the industrial with the purely intellectual training, and varied amusements have to be provided. By these means, thus shortly stated, all patients will be much improved, and many of those whose imbecility has been produced by a shock to their already unstable brain will again attain a normal mental condition.

On glancing at the future, we are led to inquire whether there is any hope that the progress which has already been made in every branch of psychological medicine will be maintained. I am of opinion that there is good ground for such a hope, for, as science advances, more and more will be known of the structure and functions of the brain. The labours of Gaskell have already thrown light upon the origin of the brain and nervous system, and those of Betz, Bevan Lewis and a host of others have given us much knowledge with reference to the structure of this important organ. Who, many years ago, would have thought that the brain would be laid open and pus and tumours removed from it, as is now done from day to day? The labours of a noble band of workers have enabled this to be accomplished, and science looks forward to still greater conquests. The student has now the aid of the ophthalmoscope, the



sphygmograph, the hæmacytometer, the hæmoglobino-meter, and the microscope, instruments which had not been invented in Hunter's time, while chemical research has put at our disposal numerous reagents. To stimulate inquiry in this important branch of medicine, the Medico-Psychological Association has for some years given a prize, which is open to all assistant medical officers of asylums, for the best dissertation on any clinical or pathological subject relating to insanity. Three essays were sent in last year, and two of these possessed so much merit that the examiners were obliged to award two prizes. As long as this spirit is at work in our younger brethren we can with confidence look forward to future discoveries. Moreover, the separation which ought never to have taken place between psychological and ordinary medicine is gradually passing away, with equal benefit to the workers in both departments. The knowledge of psychological medicine should, however, be still more extended among all branches of the profession, so that those to whose lot it may fall to treat mental disease at its commencement, when remedial measures are most valuable, may be able to apply their knowledge with benefit to the patient and advantage to themselves. Inquiries into the causation of insanity should be pushed still further ; more attention should be paid to the laws of inheritance ; endeavours should be made to impress upon those who are subject to this *damosa hæreditas* the utmost importance of paying attention to the laws of health ; and teachers should be warned against unduly pressing and overworking the brains of growing children.

Let us remember the old maxim, *ars longa, vita brevis*, and whatever our medical path in life may be, let us see that we hand down the flaming torch of knowledge pure and undimmed to our successors.



“Let us then be up and doing,  
With a heart for any fate ;  
Still achieving, still pursuing,  
Learn to labour and to wait.”

So shall we humbly follow in the footsteps of our great master, Hunter, whose life of devotion to medical science should be ever present with us. We cannot all be great discoverers, but we can conscientiously perform the duties that are given into our hands, and add our quota, however small, to the advancing stream of knowledge.

“Lives of great men all remind us,  
We can make our lives sublime,  
And, departing, leave behind us  
Footprints on the sands of Time.”







Accession no. FRY

Author Beach:  
Psychological  
medicine in John  
Hunter's time.

Call no. RA790

801 B

